



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

WASHINGTON STATE BOARD OF PHARMACY
MEETING MINUTES
January 22, 2009

Marina Inn
22300 7th Ave S
Des Moines, WA 98198
Board Office: (360) 236-4834

CONVENE

Chair Gary Harris called the meeting to order at 9:02 a.m., January 22, 2009.

Board Members present:

Gary Harris, RPh, Chair	George Roe, RPh
Albert Linggi, RPh	Rebecca Hille, BA-Public Member
Dan Connolly, RPh	Vandana Slatter, PharmD
Rosemarie Duffy, RN, MA, MSN, Public Member, Vice-Chair	

Staff Member present:

Joyce Roper, AAG
Steven Saxe, RPh, Executive Director (Acting)
Lisa Hodgson, Executive Manager
Grant Chester, Chief Investigator
Dick Morrison, Investigator
Cathy Williams, Pharmacist Consultant
Tim Fuller, Pharmacist Consultant
Doreen Beebe, Program Manager
Leann George, Program Support

Guest / Presenters:

Joseph Fernandez, UW Pharmacy Extern
Dean Webb, Chief of Pharmacy for
Public Health in King County
Michele Taylor, Costco Regional Supervisor
Shannon-Irving Panther, Costco Pharmacy
Manager of the Mail Order/ Internet Pharmacy
Chris Kennedy, Pharmacy Manager,
for Costco Center Fill
Susan Boyer, MS, RPh, FASHP
Rachel Schreffler, PharmD
Dianna Gatto, PharmD

Guest / Presenters continued:
Dr. Thomas Hazlet, University of Washington
UW PharmD Students

Daniel Choi	Edward Abraham Anderson Jr
Tarrah-Lyn Fernandez	Shoshana Bresko
Brian Alan Gulley	Hy Nhu Dang
Lisa Joy Hall	Gregory Michael Smith
Seung Tack Kim	Megan Aiko Sono
Lisa Ai Mikami	Dara Vann Uch
Frances Xuan Nghiem	

CONSENT AGENDA

- 1.2** Pharmacy & Other Firm Application Approval.
 - New and closed Pharmaceutical Firms 12/5/2008 – 1/7/2009
- 1.4** Pharmacy Tech Training Program Approval.
 - United Education Institute in Ontario CA – Mele Felila Sagapolutele
- 1.5** Automated Drug Dispensing Device Acceptance.
 - Wenatchee Valley Hospital - Wenatchee Valley Medical Center
 - River Village Pharmacy – Landmark Care Center
- 1.7** Board Minute Approval December 11, 2008

Items listed under the consent agenda are considered to be routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Items 1.1, 1.3, 1.6** have been **deleted** from the agenda.

MOTION: George Roe moved that the board approve items 1.2, 1.4, 1.5, and 1.7. Rosemarie Duffy second. **MOTION CARRIED:** 5-0. Dr. Slatter was absent for this motion.

REPORTS

Board Member

Al Linggi reported:

- He has been working with a few other states with respect to their rules and regulations for hospital pharmacies. This information is being sent to Doreen Beebe to begin gathering a compilation of other states that have redone their hospital rules and regulations. Al has been in contact with National Board of Pharmacy (NABP) and American Society of Health Systems Pharmacists (ASHP) to get some of their insight regarding contemporary hospital pharmacy practice.

Gary Harris reported:

- On the Governor's inauguration speech.

Rosemarie Duffy reported:

On the Legislative session update conference calls with the Department and representatives of other Boards< Commissions and Committees. Bills that may be of interest to many professions are discussed.

Executive Director

Steve Saxe reported:

- There has been a lot of focus on the budget looking into this biennium and the next biennium.
- Mary Selecky prepared a video for the entire Department of Health (DOH) to share with the staff what DOH is doing to reduce spending to help with the state deficit.
- There was a Boards and Commissions follow up meeting with all the professional associations within Health Professions and Facilities. This meeting was to share information on credentialing, budget and discipline.
- The Department of Health activated their Emergency Operations Center during the flood. We had similar questions around healthcare facilities and pharmacies as the 2007 floods.
- Legislature is in session and staff will be reviewing policy bills.
- Several staff had a chance to review the **HEAL-WA** (Health Electronic Resources for Washington) website. There were 14 professions in the last session that had a surcharge added to the license fee to make this website available. This site provides evidence based information, information on care, and patient information for the specific professions. There is some information that is available without a password for anyone. The site address is www.heal-wa.org.
- Hospital Association had an educational web cast on I-1000 Death with Dignity. This provided a good opportunity for questions and discussion regarding procedures on communications between patients, staff and hospitals.
- Epidemiology, Health Statistics and Public Health are doing the rules related to I-1000. These rules enact the Death with Dignity initiative passed by the people of Washington. The department has to collect this information and report it on an annual basis.
- He was available for questions during the Product Stewardship hearing January 21, 2009.
- He is still involved in the work with the healthcare acquired infection reporting requirement.
- An Executive Director with Health Professions and Facilities has left to take another position. We will start the interview process for the Executive Director position that includes Board of Pharmacy responsibility. Gary Harris and Rosemarie Duffy will be included a board representatives.

Assistant Attorney General

Joyce Roper reported:

- We are completing the discovery portion of the Stormans case. Discovery judgment motions are due to the court on February 12, 2009. No ruling has been made from the Ninth Circuit even though they heard our appeal on expedited schedule on July 8, 2008.
- The Federal Provider Conscious rule went in to effect January 20, 2009. The rule makes recognition of religious or conscious beliefs a requirement for federal funding. This means states risk losing Medicaid funding if they have any kind of laws or regulations that would impair a provider exercising conscious or religion. January 15, 2009 there were three lawsuits filed including one which was filed by 8 states led by Connecticut.

Consultant Pharmacists

Cathy Williams reported:

- She was notified during the floods by a pharmacist who had been alerted that the area methadone clinic had flooded and closed. She was able to connect the clinic with an organization in Seattle that has a memorandum of agreements with King County to provide

emergency services for patients of methadone clinics. They reached out and were able to take care of their situation. This was a real learning experience and a wonderful example of the Emergency Response System.

Tim Fuller reported:

- Tim introduced Joseph Fernandez a University of Washington Pharmacy Extern.
- Tim attended a meeting between Emergency Response, Public Health and chain pharmacies. Work is being done to develop a public partnership in terms of emergency response. At the next meeting a memorandum of agreement will be put together.
- He mentioned that January 30, 2009 there will be a tabletop exercise and most likely the methadone incident Cathy Williams spoke of will be utilized in that review.

Chief Investigator

Grant Chester reported:

- Jim Doll continues to work on the Correctional Facilities rules with Doreen Beebe.
- Stan Jeppesen continues to work on PH:ARM project.
- Grant worked at the Department of Health (DOH) Emergency Operations Center as the Health System Quality Assurance representative for flood disaster which was another excellent learning experience.
- During the floods this year pharmacies down in Chehalis were not hit as bad. These pharmacies were closed for about two days.
- The Office Directors for Investigation and Inspections (IIO) and Health Professions and Facilities (HPF) are working to develop a standard presentation of what type information and how to update boards routinely.
- The way investigations are being handled has changed since the DOH reorganization. This is causing the number of investigations to decline. Some are going through a panel.

DISCUSSIONS

2009 Legislative Updates

Lisa Hodgson updated the board on several bill proposed by the legislature.

HB 1165- The bill establishes a product stewardship program to collect and dispose of unwanted residential drugs. Producers must fund the program. The lead agency is Department of Ecology (DOE). DOE must consult with Department of Health on the secure collections and handling of drugs. There was a hearing January 21, 2009 in House of Environmental Health Committee.

HB 1271- This bill will allow a veterinarian to delegate to licensed veterinarian technicians (LVT's) nondiscretionary functions defined by the board relating to dispensing of legend drugs, non legend drug and controlled substances. It will also provide specific authority for LVT's to administer legend drugs under 69.41 RCW and controlled substances under chapter 69.50 under indirect supervision. The first reading was January 16, 2009 and it was referred to Agriculture and Natural Resources.

SB 5252- The bill details what must be included in policy such as medication storage, recordkeeping, delivery, administration and disposal of medications. The bill requires that the "jail" have a written agreement with a licensed pharmacist for pharmaceutical services on a 24 hour basis. This bill authorizes the jail administrator, designee or chief law enforcement executive to adopt policies to designate and train non practitioner jail personnel who may deliver and administer medications or provide medical assistance to inmates. The bill requires a jail that does not adopt the model policy must gather input from pharmacist(s), licensed physicians or nurses in developing their policies and provide a copy to Washington Association of Sheriffs and Police Chiefs (WASPC). The first reading was January 19, 2009 and was referred to Human Services & Corrections.

HB 1236- This bill relates to designating ephedrine, pseudoephedrine, and phenylpropanolamine as Schedule III controlled substances. It requires that the Board of Pharmacy adopt rules to schedule ephedrine, pseudoephedrine, and phenylpropanolamine as Schedule III controlled substances by January 1, 2010. The board can modify these rules if upon consultation with state and local law enforcement find that the Schedule III restriction does not reduce the prevalence of illegal manufacturing of methamphetamine in Washington State. This bill requires records of transactions involving ephedrine, pseudoephedrine, and phenylpropanolamine are subject to inspection by the board or law enforcement. The first reading was January 15, 2009 and was referred to Public Safety & Emergency Preparedness.

The staff has been involved with Washington State Pharmacy Association (WSPA) on a draft bill on Tamper Resistant Prescriptions. This would require that all prescriptions be written on tamper resistant paper. This bill is still a draft.

A pharmacist, Patrick Gallagher, has been working on a draft bill regarding pharmacy technician CE's. He does have some draft language put together and he has been in contact with American Society of Health System Pharmacists (ASHP). Representative Ed Orcutt is a sponsor but he is looking for additional sponsors.

Planning Session

The board discussed topics for its upcoming planning session. Each member spoke on this issue and discussed the outcome of last years planning session. The majority of the board members prefer to have the Rules Workload as a part of the board meeting agenda. The members agreed to continue this discussion in item 3.3.

Rule Making Priorities

Doreen Beebe answered questions related to the work plan for the pending rule development workload. To give the board members a better understanding of the time, timelines and the work of developing a rule from start to finish Doreen briefly explained the steps of rule making.

- The board and staff agreed to have more connection and communication between the rule champion board member and assigned staff member(s).
- The staff needs to utilize the board members more.
- Board members can help keep staff members focus more by checking in.
- Staff would like to have board members attend stake holder meetings.
- Steve Saxe suggested that the champion board member update the board on the rule they are assigned to at the board meetings.
- Board members would like to see a matrix or graph of some sort to see how far along a rule is.
- When sending emails out copy the champion board member to keep them involved with all that is going on with the rule they are assigned.

Correctional Pharmacies, Extended Care Facilities Destruction of Controlled Substances, and Adding SOMA to Controlled Substance Act were prioritized as the top three rules at the December board meeting. Since the last meeting staff put together work plans for these rules along with several other rules.

- *Correctional Pharmacies Facilities* rule has gone out to staff to clarify comments. Doreen Beebe is still waiting to hear back from some staff. It has also been given to division rules staff for them to review and give feedback. At the March board meeting the rule will need to be presented to the board for approval of some language changes.
- *Extended Facilities Destruction of Controlled Substances* had no update.

- *Adding Soma to the Controlled Substance Act* Tim Fuller will present draft rule language to the board on March 11, 2009.

MOTION: Rebecca Hille moved that the planning session on March 11, 2009 be cancelled and that the board continue to update the rules workload at the board meetings. Vandana Slatter second.

MOTION CARRIED: 6-0.

King County Public Health Community Health Services Telepharmacy Request

The board was provided with background information and a summary of past decisions as they relate to telepharmacy proposals made in the past. The board requested this information to make a more consistent decision regarding telepharmacy.

Dean Webb revisited his proposal by King County Public Health Community Health Services to utilize telepharmacy services. He discussed the changes made to the procedure for the North Public Health Clinic Pharmacy telepharmacy proposal that the board requested.

Procedure Changes:

- Added lot numbers to the pre pack log.
- Pharmacist to pharmacy technician ratio.

The board asked Mr. Webb for more information about the patients that use the North Public Health Clinic. The distance of the nearest pharmacy was a topic brought up in this presentation. With this information the board members did not feel this was an access issue.

MOTION: George Roe moved that board deny the request for the use of a telepharmacy at North Public Health Clinic. Rebecca Hille second. **MOTION CARRIED:** 6-0.

Disposal/Destruction of Patient-Specific Information

Steve Saxe and Grant Chester lead the discussion on the current practices used by pharmacies to dispose of confidential patient information.

Steve Saxe shared that the Department of Health was approached by the media regarding patient information they were able to obtain from dumpster diving behind pharmacies and clinics. They found information ranging from patient lab reports to patient prescription vials. This has raised some questions. How pharmacies are protecting patient information? What level of responsibility they have to do so? Steve recommended the board acknowledge the need for some additional education.

Grant Chester provided some research on how some of the pharmacies dispose of this information. He briefly went over some of the different ways these pharmacies destroy patient information. There are no specific requirements for destroying patient information. Grant contacted the Office of Civil Rights their rules are very vague. During inspections pharmacist investigators will educate the pharmacy staff and make them aware of the problems associated with disposing of patient specific information.

The board agreed that additional education and awareness on safeguarding patient information confidentiality through proper destruction and disposal is needed. They will do this through these sources:

- NABP Newsletter.
- Washington State Pharmacy Association Newsletter.
- Washington State Pharmacy Association Website.
- Continued reinforcement during pharmacy inspections.

Case Management Team

Doreen Beebe gave an overview of the process used to review complaints and initiate investigations. The Case Management Team (CMT) has discussed the way the information is distributed to the members of the team. In the past only the board members of the CMT was given the redacted information this put a lot of pressure on the board members to make the final decision of the case being reviewed. The information is now being distributed to each member of the group. The information is redacted and allows each member to have equal standing in the each case. A decision on whether or not a case needs to be investigated needs to be made by the entire group along with the expertise of our staff attorney. The team prefers to have the board member complete the appropriate forms and fax to our office. During the CMT meetings applications will no longer be reviewed because there is no delegation for applications only for license.

Official Delegate to the 2009 National Association of Boards of Pharmacy Annual Meeting

The board discussed who will name an official voting delegate to the NABP Annual Meeting. The meeting will be held in Miami from May 16 – 19, 2009.

MOTION: Rebecca Hille moved that Gary Harris be the delegated board member to attend the NABP Annual meeting. George Roe second. **MOTION CARRIED:** 6-0.

The board adjourned for closed session at 11:50 a.m. and reconvened at 1:10 p.m.

DISCUSSIONS CONT'D

Overview of Disciplinary Compliance Process and Discussion on Delegation of for Approval of Routine Compliance with Sanction Conditions

Karl Hoehn, Legal Unit Manager and Kitty Slater, Compliance Enforcement Office gave an overview to the board of the compliance process. Part of this presentation included: responsibilities, compliance files and board member assignments. They passed out a handout that had a list of the “delegated tasks” and their definitions along with their recommendation of who should be delegated what duties. They would like the board to consider delegating routine compliance conditions to program staff.

The delegation is intended to enable Department of Health (DOH) staff to review and approve the compliance conditions “delegated tasks.” This would efficiently utilize resources from both the Board of Pharmacy and the Department of Health (DOH). This would allow the Board of Pharmacy to grant authority to designated DOH staff. It provides clarification on those compliance conditions that are routine and can be monitored internally by DOH designated staff. This decision can be adjusted at anytime.

The board agreed to revisit these recommendations at the next board meeting on March 12, 2009.

Correspondence

The board discussed correspondence received.

1. ISMP Draft Community/Mail Order Pharmacy Label Guidelines.
 - **NABP is looking to adopt a national plan. The suggestion was to wait until this happens before making any considerations. If there are any comments from the board send them to Doreen Beebe.**
2. ISMP Medication Safety Alert! Community/Ambulatory Care Edition - December 2008.
3. NABP e-News

4. Washington Post article: *Rule Shields Health Worker Who Withhold Care Based on Beliefs*
5. Drug Store News article: *Ohio seeking tougher standards for training, certification of pharmacy techs*
6. USA Today article: *Chains' ties run deep on pharmacy boards*
7. NABP 2009 Survey of Pharmacy Law
8. NABP to Reimplement Computerized FPGEE in April 2009
9. NABP – Internet Drug Outlet Identification Program
10. Collaborative Drug Therapy Agreement Acceptance.
 - Covington Multicare- Pain Management
 - Harrison Medical Center – Bremerton- Anticoagulation
 - Snoqualmie Valley Hospital – Anticoagulation
 - Seattle Children's Hospital - Anticoagulation

PRESENTATIONS

Technician to Pharmacist Ratio

Cathy Williams presented a proposal by Costco Pharmacy to increase the pharmacy technician to pharmacist ratio used at their central-fill facilities. She introduced Michele Taylor, Regional Supervisor for both facilities, Shannon-Irving Panther, Pharmacy Manager of the Mail Order/ Internet Chris Kennedy, Pharmacy Manager, Center Fill Pharmacy and in Everett, WA. They presented the board with a request to increase the pharmacy technician to pharmacist ratio as a one year pilot program. They provided some information on the pharmacies they plan to use technicians in the place of assistants.

Background:

- Mail Order / Internet Pharmacy
 - ✓ Opened June 2006.
 - ✓ Currently ships over 6,800 prescriptions a week to patients throughout all 50 states.
 - ✓ Approximately 89% filled at the Center Fill Pharmacy.
 - ✓ Remaining 11% being filled locally by a small-house pharmacy.
 - ✓ 14 pharmacists.
 - ✓ 26 pharmacy technicians.
 - ✓ 10 pharmacy assistants.
- Center Fill Pharmacy
 - ✓ Opened April 2008
 - ✓ Averages 40, 000 prescriptions a week which includes those delivered to Costco Pharmacies.
 - ✓ Almost 2 million prescriptions filled in 2008 with 1 error.
 - ✓ Fill prescriptions for 39 Costco's.
 - ✓ 16 pharmacists, 7 Costco pharmacists and 8 floaters (on call.)
 - ✓ 9 pharmacy technicians.
 - ✓ 11-12 pharmacy assistants.
 - ✓ Image of every prescription that leaves facility is kept for 3 years.

Given the uniqueness of these operational settings Costco believes that utilizing technicians will better ensure the highest level of service provided to their patients. Technicians have a higher level of training and experience. This will free up pharmacists to perform and concentrate on optimizing pharmacy professional practice. During our one-year pilot program we intend to demonstrate elevated patient care by improving our communication with patients, having no change in our overall error rate. We would like to reduce our turn around time in providing patient's their medication quicker.

Highlights:

Mail Order / Internet

- Pharmacy uses three computer technologies for prescription processing.
 - ✓ Mail order entry.
 - ✓ CONDOR.
 - ✓ PharmAssist Symphony.
- Prescription goes through two pharmacist reviewed DUR checks during the filling process.
 - ✓ CONDOR.
 - ✓ PharmAssist Symphony.
- A detailed description of each computer program is included within this proposal.
- Pharmacy is not open to the public.
- Pharmacist sits in close proximity to the staff they are responsible and support a small number of technicians and assistants.
- There is a telephone at every station.
- Toll free number is staffed by assistants and technicians.
- Every prescription is checked for completeness by technicians.
 - ✓ If incomplete patient/subscriber is contacted
- Small in house pharmacy stocks 90 day supply of popular medication.
 - ✓ CII's and hydrocodone locked at all times.
 - ✓ Staffed by two full time technicians.
- Pharmacist verification.
 - ✓ Every station has electronic information access.
 - ✓ Two DOR checks.
- Shipping is operated by assistants and technicians.
- 24/7 access Monday – Friday.

Center Fill

- There are a limited number of technicians-specific workstations.
- Increased margin of safety since higher-qualified personnel are processing prescriptions at all stages of production.
- Improve utilization of RPh time at the chain locations when Center Fill operation is able to reliably fulfill all orders submitted.
- Enhanced overall operation and optimize Center Fill production with the ability to place technicians in non-technician roles.
- Center Fill is 100% compliant with Medguide.
- The filling process requires multiple steps.
- Technicians must address many of our problem queues because they require the prescription to be worked on and processed right away.
- Three pharmacist verification stations and a pharmacist accept ion station.

MOTION: Rebecca Hille moved that the board accept Costco's plan for their pilot program for a period of 6 months with a report and reviews to see if they do find more patient and pharmacist interaction. No second, motion dies. **MOTION:** Rosemarie Duffy moved to deny Costco's request to increase the pharmacy technician to pharmacist ratio used at their central-fill facilities. Dan Connolly second. **MOTION CARRIED:** 3-1. Al Linggi and Vandana Slatter recused themselves from this vote. George Roe abstained from this motion. Rebecca Hille voted against this motion.

Technician Trained to Obtain Patient Medication History

Tim Fuller briefed the board on the background of the requirements made by the Joint Commission for hospital's to implement medication reconciliation. He introduced Susan Boyer, MS, RPh, FASHP representing Good Samaritan Hospital.

Susan Boyer introduced Dianna Gatto, PharmD and Rachel Schreffler, PharmD who led the presentation to the board to consider a proposal by Good Samaritan Hospital to allow trained pharmacy technicians to interview patients to obtain a medication list.

History:

- January 2006 organizations accredited by the Joint Commission are required to implement medication reconciliation processes as part of the National Patient Safety Goal. Upon entering a hospital, a patient's current medications are obtained and documented for review by the provider and can also be reviewed by a pharmacist. With limited resources some hospitals are using nurses and pharmacy technicians to collect medication histories.

The board affirms that collection of medication histories from patients in an emergency room setting is outside a pharmacy technician's scope of practice.

- At the last visit made by the Joint Commission, Good Samaritan Hospital was cited for not meeting the requirement of the medication reconciliation. After this citation the organization reviewed the entire medication reconciliation process. They started from the beginning of the process which was obtaining the medication list. If this list was not correct the entire process could not be successful and could cause patient harm. Technicians have received training and are under direct supervision of a pharmacist. Pharmacy technicians are more familiar with drugs, strengths and dosage forms. Our pharmacy department felt that the pharmacy should be involved with obtaining the list. After four weeks of comparing a nurse triage lists to pharmacy technicians lists and found that on average pharmacy technicians identified an additional 2.8 medications per patient.

Highlights:

- Each pharmacy technician is required to go through a pharmacist taught training session which includes:
 - ✓ Review medication reconciliation, the process and its importance and affect on patient safety.
 - ✓ Learn specific details of the job they will be performing obtaining the medication list.
 - ✓ They are required to shadow a current technician taking a medication list for a minimum of three hours or until they are deemed ready to do this on their own or by a pharmacy technician manager or responsible pharmacist.
 - ✓ Every technician receives the same training.
- When a technician is working in the emergency room they receive feedback on every list from the emergency room pharmacist.
- Pharmacist review the lists for:
 - ✓ Accuracy.
 - ✓ Completeness.
 - ✓ Check for duplicate therapy.
 - ✓ Logical dosing.
 - ✓ Ask technician for any required verification before signing an approval and placing the list on the chart for physician review.
 - ✓ Pharmacist is responsible for the list the doctor reviews.

- Group meeting are held with all technicians involved to discuss updates in this process and answer all questions.

Good Samaritan Process:

- Patient is admitted through Emergency room.
- Emergency room based pharmacy technician obtains complete medication list.
- Emergency room pharmacist reviews and verifies medication list.
- Physician reviews and reconciles pharmacist verified medication list.

MOTION: Dan Connolly moved to approve Good Samaritan Hospital's request to allow trained pharmacy technicians to interview patients to obtain a medication list under pharmacist supervision. George Roe second. **MOTION CARRIED:** 6-0.

Electronic Prescription Transmission System

The board was asked to make a motion to delegate a panel on this discussion.

MOTION: George Roe motioned that a panel be delegated for this discussion. Vandana Slatter second. **MOTION CARRIED: 6-0**

Dan Connolly, Rebecca Hille and Rosemarie Duffy where chosen as the panel for this discussion.

Pharmerica presented a proposal for approval on there procedure for electronic prescription transmission system. **MOTION:** Rebecca Hille moved that the panel not accept Pharmerica's use of this system. Dan Connolly second. **MOTION CARRIED:** 3-0.

OPEN FORUM

Anne Clifton presented a question to the board on where to find rules and procedures on filing a complaint with the Board of Pharmacy. The complaint is based on RCW 69.38.010 the *definition of drugs*. Doreen Beebe referred her to the Board of Pharmacy or Department of Health website to file a complaint or wsbop@doh.wa.gov if she was inquiring about some information.

University of Washington – School of Pharmacy

Dr. Thomas Hazlet, Assistant Professor of Pharmacy at the University of Washington provided introductions.

Students presented on the following pharmacy law related topics. The presentation included summarizing existing laws; discussed basis for proposed changes; evaluated alternatives; research/evidence gathered; stakeholder input; and the conclusions they developed from their study.

1. I-1000 Death with Dignity.
2. Minimizing Misuse and Abuse of Dextromethorphan

The Board extended its appreciation to the students for presenting their law study projects.

BUSINESS MEETING ADJOURNED

There being no further business, the board adjourned at 5:30 p.m. The Board of Pharmacy will meet again on March 12, 2009 for its regularly scheduled business meeting in Kent, Washington

PRESENTATION OF AGREED ORDERS

CLOSED SESSION

Respectfully Submitted by:

Leann George, Program Support

Approved on March 12, 2008

Gary Harris, Chair
Washington State Board of Pharmacy